



Alaska Rural Primary Care Facility Needs Assessment

2000 Questionnaire Results



Alaska Rural Primary Care Facility Needs Assessment Analysis of Health Services Programmatic Responses

Executive Summary

Needs Assessment Background

The Commission through its Health Care Steering Committee completed a Needs Assessment of Primary Care facilities throughout Alaska for those communities without a hospital and minimum of 20-year round residents. The October 2000 Final Report identified a statewide facility need of \$253 million for the 288 communities reviewed.

Part of the needs assessment included a community questionnaire that was sent to all 288 communities and in the end a total of 224 communities responded. The questionnaire asked general questions about the community, specific questions about the clinic facility, or lack thereof, and specific questions about the health services provided in the community. The responses served as the basis for the Final Report.

This report is limited only to an analysis of the health services programmatic responses from the 224 returned surveys.

Program Section Results

Questions were asked in the following categories: Services (Basic Primary Care Services; Preventive Health Services; Laboratory, Radiological and Pharmacy Services; Patient Case Management Services; Services That Help Individuals to Use Clinics, Community Health Services, Emergency Medical Services), Transportation, Administration, Support Service, Staffing, Clinical Caseload, Extended Patient Stays, Living Quarters, and Telehealth.

Some of the major findings of the survey:

Services

Basic Primary Care Services

- 61% of respondents reported that they currently provide basic primary care.
- 89% of respondents reported that they think basic primary care services should be provided. The most common answer for these basic primary care services not currently being provided was inadequate staffing.

Preventive Health Services

- 59% of respondents reported that they currently provide preventive health services.
- 90% of respondents reported that they think preventive health services should be provided. The most common answer for these preventive health services not currently being provided was inadequate funding.

Laboratory, Radiology and Pharmacy Services

- 42% of respondents reported that they currently provide laboratory, radiology and pharmacy services.
- 37% of respondents reported that they think laboratory, radiology and pharmacy services should be provided. The most common answer for these laboratory, radiology and pharmacy services not currently being provided was that they are not needed.

Patient Case Management Services

- 68% of respondents reported that they currently provide patient case management services.
- 90% of respondents reported that they think patient case management services should be provided. The most common answer for

these patient case management services not currently being provided was inadequate staffing.

Services That Help Individuals to Use the Clinic

- 47% of respondents reported that they currently provide services that help individuals to use the clinic.
- 51% of respondents reported that they think services that help individuals to use the clinic should be provided. The most common answer for these services that help individuals to use the clinic not currently being provided was inadequate funding.

Community Health Services

- 56% of respondents reported that they currently provide community health services.
- 94% of respondents reported that they think community health services should be provided. The most common answer for these community health services not currently being provided was inadequate staffing.

Emergency Health Services

- 55% of respondents reported that they currently provide emergency health services.
- 86% of respondents reported that they think emergency health services should be provided. The most common answer for these emergency health services not currently being provided was inadequate equipment.

Transportation

- The majority of respondents (88%) reported that they arrange for transport to other communities for care.

Alaska Rural Primary Care Facility Needs Assessment Analysis of Health Services Programmatic Responses

Executive Summary

Administration

- Approximately two-thirds of respondents (62%) said that their PL 93-638 contract or other contracts provide administration of their program.

Support Services

- The most common support services done on-site by local staff included: janitorial services (88%), medical records (64%), and facilities management (57%). The most common support services done off-site included: accounting/budget (68%), billing/collections (50%), and computer information support (50%).

Staffing

- Data on staffing patterns in primary care clinics includes: number of funded positions, number of filled positions, additional number of positions needed, current itinerants or contract staff, and additional needed itinerant or contract staff for a variety of clinic administrative and health care provider positions.

Clinical Caseload Data

- 24% of respondents reported 2,000-4,999 encounters in calendar year 1998.

Extended Patient Stays

- 51% of respondents reported that their primary care facility treats patients for extended stays including overnight stays. 78% of respondents reported that their facility is not equipped to accommodate patients overnight.

Living Quarters

- 58% of respondents reported that they do not have living quarters available for itinerant/contract staff and 80% reported that they do not have living quarters available for permanent staff.

Telehealth

- 55% of respondents reported that their main referral facility has an advanced medical communication system under development that takes advantage of new telemedicine technology. 64% reported that they do not have adequate space available for telemedicine equipment in their facility.

Future Efforts

Since October 2000 some changes are underway to improve health care delivery across Alaska. One of the most exciting developments is the advent of Section 330 Community Health Center funding for Alaska. Approximately 16 Million in 330 funding has been made available since the Final Report was completed.

Also, the Denali Commission was provided \$10 Million in FY01, \$20 Million in FY02 and is projected to receive \$30 Million in FY03 in health facility funding. These improvements in conjunction with 330 Health Center funding will greatly improve health care access.

The database of survey responses will become somewhat "stale" in time. However, it will serve as an excellent benchmark to measure the State, Federal, Tribal and local efforts to improve health care. Future thought and effort is recommended to develop good benchmark tools to measure the effectiveness of the Denali Commission health facility program.

P1.0 Services

Alaska Rural Primary Care Facility Needs Assessment Program Section Results

Basic Primary Care Services

61% of respondents reported that they currently provide basic primary care services related to: family health (82%), emergency medical treatment (85%), substance abuse diagnosis (57%), substance abuse treatment (48%), mental health diagnosis (50%) and mental health treatment (46%). 17% of these basic primary care services are provided on an itinerant basis and 22% are not currently offered. The most common answer for why these basic primary care services are currently not being offered was because of inadequate staffing. 89% of respondents reported that these services should be provided in their communities.

Basic Primary Care Services Related To:	Currently Provided?			If Not, Why Not? (most common answer)						Should be provided?	
	Yes	Itinerant	No	Not Needed	Not wanted	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff	Yes	No
P1.1 Family Health	82%	11%	7%						X	100%	
P1.2 Emergency Medical Treatment	85%	5%	10%						X	100%	
P1.3 Substance Abuse Diagnosis	57%	20%	23%						X	91%	9%
P1.4 Substance Abuse Treatment	48%	17%	35%						X	90%	10%
P1.5 Mental Health Diagnosis	50%	26%	24%						X	85%	15%
P1.6 Mental Health Treatment	46%	23%	31%						X	85%	15%
TOTALS	61%	17%	22%						X	89%	11%

Preventive Health Services

59% of respondents reported that they currently provide preventive health services including: prenatal and perinatal services (77%), breast and cervical cancer screening (58%), well-child services (78%), immunizations (78%), supplemental nutrition program (51%), family planning services (53%), preventive dental services (34%), dental treatment services (24%), patient education (74%), and other preventive services (61%). 24% of these preventive health services are provided on an itinerant basis and 17% are not currently offered. The most common answer for why these preventive health services are not currently being offered was because of inadequate funding. 90% of respondents reported that these services should be provided in their communities.

Preventive Health Services:	Currently Provided?			If Not, Why Not? (most common answer)						Should be provided?	
	Yes	Itinerant	No	Not Needed	Not wanted	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff	Yes	No
P1.7 Prenatal & Perinatal Services	77%	13%	10%			X				95%	5%
P1.8 Breast & Cervical Cancer Screening	58%	20%	22%					X		87%	13%
P1.9 Well-Child Services	78%	16%	6%			X				94%	6%
P1.10 Immunizations	78%	17%	5%			X				100%	
P1.11 Supplemental Nutrition Program	51%	36%	13%			X				89%	11%
P1.12 Family Planning Services	53%	30%	17%			X				90%	10%
P1.13 Preventive Dental Services	34%	43%	23%						X	86%	14%
P1.14 Dental Treatment Services	24%	54%	22%						X	81%	19%
P1.15 Patient Education	74%	12%	14%			X				97%	3%
P1.16 Other Preventive Services	61%		39%			X				100%	
TOTALS	59%	24%	17%			X				90%	10%

P1.0 Services

Laboratory, Radiology and Pharmacy Services

42% of respondents reported that they currently provide laboratory, radiology and pharmacy services including: CLIA waived tests (69%), specimen collection for shipment to referral lab (85%), provider performed microscopy (37%), moderate complexity lab (18%), ultrasound (18%), x-ray (27%), mammography (17%), and pharmacy services (64%). 4% of these laboratory, radiology and pharmacy services are provided on an itinerant basis and 54% are not currently offered. The most common answer for why these laboratory, radiology and pharmacy services are not currently being offered was that they are not needed in their community. 37% of respondents reported that these services should be provided in their communities.

	Currently Provided?			If Not, Why Not? (most common answer)						Should be provided?	
Laboratory, Radiology and Pharmacy Services:	Yes	Itinerant	No	Not Needed	Not wanted	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff	Yes	No
P1.17 CLIA Waived Tests	69%	2%	29%						X	54%	46%
P1.18 Specimen Collection for Shipment to Referral Lab	85%	3%	12%					X		79%	21%
P1.19 Provider Performed Microscopy	37%	7%	56%	X						73%	27%
P1.20 Moderate Complexity Lab	18%	3%	79%	X						21%	79%
P1.21 Ultrasound	18%	1%	81%	X						21%	79%
P1.22 X-ray	27%	1%	72%	X						28%	72%
P1.23 Mammography	17%	10%	73%	X						34%	66%
P1.24 Pharmacy Services	64%	5%	31%						X	55%	45%
TOTALS	42%	4%	54%	X						37%	63%

Patient Case Management Services

68% of respondents reported that they currently provide patient case management services including: referral of patients to providers (84%), and counseling and follow-up to services to assist patients to become eligible for health care coverage (53%). 20% of these patient case management services are being offered on an itinerant basis and 12% are not currently offered. The most common answer for why these patient case management services are not currently being offered was because of inadequate staffing. 90% of respondents reported that these services should be provided in their communities.

	Currently Provided?			If Not, Why Not? (most common answer)							Should be provided?	
		Itinerant	No	Not Needed	Not wanted	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff	Yes	No	
Patient Case Management Services:	Yes											
P1.25 Referral of Patients to Providers	84%	10%	6%						X	89%	11%	
P1.26 Counseling and Follow-Up to Services to Assist Patients to Become Eligible for Health Care Coverage	53%	30%	17%						X	91%	9%	
TOTALS	68%	20%	12%						X	90%	10%	

P1.0 Services

Services That Help Individuals to Use Clinic

47% of respondents reported that they currently provide services that help individuals to use the clinic including: outreach (48%), home to clinic transportation (37%), language interpretation (60%), sliding fee scale/reduced rates (36%), and alternate/extended hours (54%). 7% of these services that help individuals to use the clinic are provided on an itinerant basis and 46% are not currently offered. The most common answer for why these services that help individuals to use their clinic are not currently being offered was because of inadequate funding. 51% of respondents reported that these services should be provided in their communities.

	Currently Provided?			If Not, Why Not? (most common answer)						Should be provided?	
	Yes	Itinerant	No	Not Needed	Not wanted	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff	Yes	No
Services That Help Individuals to Use Clinic:											
P1.27 Outreach	48%	25%	27%			X			X	93%	7%
P1.28 Home to Clinic Transportation	37%	2%	61%			X				41%	59%
P1.29 Language Interpretation	60%	2%	38%	X						40%	60%
P1.30 Sliding Fee Scale / Reduced Rates	36%	2%	62%			X				44%	56%
P1.31 Alternate / Extended Hours	54%	2%	44%						X	54%	46%
TOTALS	47%	7%	46%			X				51%	49%

Community Health Services

56% of respondents reported that they currently provide community health services including: education on availability and appropriate use of services (54%), off site services (46%), home health visits (71%), personal care services (61%), and community health education and health promotion (50%). 19% of these community health services are provided on an itinerant basis and 25% are not currently offered. The most common answer for why these community health services are not currently being offered was because of inadequate staffing. 94% of respondents reported that these services should be provided in their communities.

	Currently Provided?			If Not, Why Not? (most common answer)						Should be provided?	
	Yes	Itinerant	No	Not Needed	Not wanted	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff	Yes	No
Community Health Services:											
P1.32 Education on Availability & Appropriate Use of Services	54%	25%	21%						X	96%	4%
P1.33 Off Site Services	46%	26%	28%						X	85%	15%
P1.34 Home Health Visits	71%	7%	22%						X	100%	
P1.35 Personal Care Services	61%	4%	35%						X	89%	11%
P1.36 Community Health Education & Health Promotion	50%	33%	17%						X	100%	
TOTALS	56%	19%	25%						X	94%	6%

P1.0 Services

Emergency Medical Services

55% of respondents reported that they currently provide emergency medical services including: first responder services (85%), ambulance services (38%), ability to provide advanced cardiac life support in clinic (33%), dedicated area for dealing with emergency patients, and radio communications between clinic and emergency medical personnel (78%). 2% of these emergency medical services are provided on an itinerant basis and 43% are not currently offered. The most common answer for why these emergency medical services are not currently being offered was because of inadequate equipment. 86% of respondents reported that these services should be provided in their communities.

	Currently Provided?			If Not, Why Not? (most common answer)						Should be provided?	
		Itinerant	No	Not Needed	Not wanted	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff	Yes	No
Emergency Medical Services:	Yes									Yes	No
P1.37 First Responder Services	85%	1%	14%					X		86%	14%
P1.38 Ambulance Services	38%	1%	61%	X						96%	4%
P1.39 Ability to Provide Advanced Cardiac Life Support in Clinic	33%	4%	63%						X	64%	36%
P1.40 Dedicated Area for Dealing with Emergency Patients	42%	1%	57%				X			96%	4%
P1.41 Radio Communications Between Clinic & Emergency Medical Personnel	78%	1%	21%					X		89%	11%
TOTALS	55%	2%	43%					X		86%	14%

P2.0 Transportation

The majority of respondents (88%) reported that they arrange for transport to other communities for care. Airplanes (83%) are the primary mode of transportation to the next level of care. 1-2 hours is the average travel time to the next level of care for routine referrals (47%) and emergencies (54%). 59% of travel costs were between \$0-499, 27% were \$500-9,999 and 14% were \$10,000 and over.

P2.1 Do you arrange for transport to other communities for care?

No	12%
Yes	88%

P2.2 What is the primary mode of travel to the next level of care?

Motor Vehicle	12%
Airplane	83%
Boat	1%
Other	4%

P2.3 For routine referrals, what is the average travel time to the next level of care (door-to-door)?

Less than 1 hour	21%
1-2 hours	47%
2-6 hours	18%
More than 6 hours	14%

P2.4 In emergencies, what is the average travel time to the next level of care (door-to-door)?

Less than 1 hour	21%
1-2 hours	54%
2-6 hours	19%
More than 6 hours	6%

P2.5 What were your total travel costs for patient and accompanying staff to the next level of care in calendar year 1998?

\$0-499	59%
\$500-9,999	27%
\$10,000+	14%

P3.0 Administration

P3.1 What term best defines the organization that provides administration of your program?

Private, for profit	2%
Private, not for profit	12%
City/Borough	8%
PL 93-638 Contract/Compact	62%
Other	1%
N/A	1%

P3.2 Does the facility have a governing board / body?

No	9%
Yes	91%

P3.4 Funding Sources for Health Services Programs	Using Now	Would Use if all Needed Services Were Provided
P3.4.1 Medicaid	73%	15%
P3.4.2 Denali KidCare	54%	8%
P3.4.3 Medicare	39%	37%
P3.4.4 Other Health Insurance	42%	37%
P3.4.5 Federal Grants	52%	11%
P3.4.6 State Grants	59%	11%
P3.4.7 Other Grants	7%	38%
P3.4.8 Private Pay	27%	36%
P3.4.9 P.L. 93-638	64%	6%
P3.4.10 Community Subsidy	34%	10%
P3.4.11 Other	6%	2%

Approximately two-thirds of respondents (62%) said that their PL 93-638 contract/or other contracts provide administration of their program and that they have a governing board (91%). The most common current funding sources for health services programs included: Medicaid (73%), P.L. 93-638 (64%), state grants (59%), Denali KidCare (54%), and federal grants (52%).

P3.3 Health Services Delivery Program Budget (not including facilities budget)	Current Operating Budget	Current Deficits	Total Projected Operating Budget of all Needed Services Were Provided
\$0	6%	18%	3%
\$1-\$50,000	16%	29%	13%
\$50,001-\$100,000	4%	13%	11%
\$100,001-\$150,000	9%	18%	5%
\$150,001-\$200,000	16%	5%	11%
\$200,001-\$250,000	13%	7%	7%
\$250,001-\$300,000	6%	3%	3%
\$300,001-\$350,000	4%		8%
\$350,001-\$400,000	8%	2%	5%
\$400,001-\$450,000	1%		2%
\$450,001-\$500,000	1%		7%
Greater Than \$500,000	16%	5%	25%

P4.0 Support Services

The most common support services done on-site by local staff included: janitorial services (88%), medical records (64%), and facilities management (57%). The most common support services done off-site included: accounting/budget (68%), billing/collections (50%), and computer information support (50%).

Support Services:	Done On-Site by Local Staff	Done On-Site by Itinerant/ Contract Staff	Done Off Site	Not Done
P4.1 Medical Records	64%	8%	27%	1%
P4.2 Accounting/Budget	18%	9%	68%	6%
P4.3 Billing/Collections	33%	6%	50%	11%
P4.4 Computer Information Support	30%	12%	50%	8%
P4.5 Facilities Management	57%	4%	34%	5%
P4.6 Janitorial Services	88%	7%		5%
P4.7 Staff Development/In-Service	32%	16%	44%	8%

P5.0 Staffing

Number of Funded Positions	None	0.1-0.4 FTE	0.5-0.9 FTE	1 FTE	2 FTE	3+ FTE
P5.1 Director / Clinical Manager	56%	5%	6%	33%		
P5.2 Business Manager	72%	1%	4%	23%		
P5.3 Billing / Collections Staff	72%	1%	3%	20%	3%	1%
P5.4 Computer Information Staff	62%	16%		16%	3%	3%
P5.5 Clerical / Reception / Travel	43%		5%	44%	6%	2%
P5.6 Medical Records Staff	76%	4%	5%	11%	3%	1%
P5.7 Maintenance / Janitorial Staff	5%	20%	12%	61%	2%	
P5.8 Community Health Aide / Practioner	3%	1%	4%	11%	28%	53%
P5.9 Community Health Representative	48%		19%	29%	4%	
P5.10 Rural Human Services Worker	54%	2%	7%	32%	4%	1%
P5.11 WIC Staff	63%	15%	4%	7%	4%	7%
P5.12 Emergency Medical Technician	69%			6%	11%	14%
P5.13 Nurse	87%		3%	3%	2%	5%
P5.14 State / Contract Public Health Nurse	59%	4%		37%		
P5.15 Nurse Practioner	52%	3%	3%	34%	5%	3%
P5.16 Physician Assistant	35%	4%	8%	20%	13%	20%
P5.17 Physician	50%	10%		27%	3%	10%
P5.18 Dental Hygenist	71%	4%		25%		
P5.19 Dentist	36%	9%		55%		
P5.20 Other	25%			38%	37%	

Number of Filled Positions	None	0.1-0.4 FTE	0.5-0.9 FTE	1 FTE	2 FTE	3+ FTE
P5.1 Director / Clinical Manager	35%	12%	9%	44%		
P5.2 Business Manager	65%	3%	6%	26%		
P5.3 Billing / Collections Staff	52%	4%	7%	26%	7%	4%
P5.4 Computer Information Staff	82%			14%	4%	
P5.5 Clerical / Reception / Travel	26%		9%	54%	7%	4%
P5.6 Medical Records Staff	57%	10%	17%	13%	3%	
P5.7 Maintenance / Janitorial Staff	11%	30%	13%	38%	8%	
P5.8 Community Health Aide / Practioner	10%	1%	4%	16%	33%	36%
P5.9 Community Health Representative	28%		32%	34%	6%	
P5.10 Rural Human Services Worker	19%	5%	12%	60%	2%	2%
P5.11 WIC Staff	78%	22%				
P5.12 Emergency Medical Technician	57%		3%	13%	10%	17%
P5.13 Nurse	71%		4%	13%	12%	
P5.14 State / Contract Public Health Nurse	53%	6%		41%		
P5.15 Nurse Practioner	70%	4%	4%	22%		
P5.16 Physician Assistant	39%	10%		10%	35%	6%
P5.17 Physician	55%	5%		25%	10%	5%
P5.18 Dental Hygenist	88%	6%	6%			
P5.19 Dentist	44%	4%	4%	48%		
P5.20 Other	33%			17%	50%	

Additional Number of Positions Needed	None	0.1-0.4 FTE	0.5-0.9 FTE	1 FTE	2 FTE	3+ FTE
P5.1 Director / Clinical Manager	38%	10%	10%	38%	4%	
P5.2 Business Manager	36%	9%	5%	45%	5%	
P5.3 Billing / Collections Staff	23%	43%	3%	26%		5%
P5.4 Computer Information Staff	14%	9%	18%	45%	9%	5%
P5.5 Clerical / Reception / Travel	12%	32%	17%	34%	3%	2%
P5.6 Medical Records Staff	6%	47%	19%	28%		
P5.7 Maintenance / Janitorial Staff	15%	23%	4%	46%	12%	
P5.8 Community Health Aide / Practitioner	21%	6%	6%	55%	6%	6%
P5.9 Community Health Representative	14%	3%	28%	48%	7%	
P5.10 Rural Human Services Worker	15%		20%	45%	20%	
P5.11 WIC Staff	8%	8%	17%	67%		
P5.12 Emergency Medical Technician	17%		10%	31%	4%	38%
P5.13 Nurse	47%		7%	33%		13%
P5.14 State / Contract Public Health Nurse	40%			60%		
P5.15 Nurse Practitioner	44%			50%	6%	
P5.16 Physician Assistant	21%		3%	73%	3%	
P5.17 Physician	23%	15%		54%		8%
P5.18 Dental Hygienist	12%	13%	6%	69%		
P5.19 Dentist	17%	17%		58%	8%	
P5.20 Other	6%			78%	6%	10%

P5.0 Staffing

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Current Itinerants or Contract Staff	None	0.1-0.4 FTE	0.5-0.9 FTE	1 FTE	2 FTE	3+ FTE
P5.1 Director / Clinical Manager	6%	31%		57%	6%	
P5.2 Business Manager	11%	11%	11%	67%		
P5.3 Billing / Collections Staff	10%	40%		30%	20%	
P5.4 Computer Information Staff	25%	17%		29%	29%	
P5.5 Clerical / Reception / Travel	18%	18%		46%	18%	
P5.6 Medical Records Staff	17%	17%		66%		
P5.7 Maintenance / Janitorial Staff	18%	36%	9%	37%		
P5.8 Community Health Aide / Practitioner	20%	7%		26%	40%	7%
P5.9 Community Health Representative	14%	29%		57%		
P5.10 Rural Human Services Worker	12%	50%		38%		
P5.11 WIC Staff	3%	21%		55%	21%	
P5.12 Emergency Medical Technician				71%		29%
P5.13 Nurse	13%	13%		62%	12%	
P5.14 State / Contract Public Health Nurse	17%	13%		56%	2%	12%
P5.15 Nurse Practitioner	71%			21%	8%	
P5.16 Physician Assistant	61%	7%		15%	17%	
P5.17 Physician	50%	14%		32%	2%	2%
P5.18 Dental Hygienist	43%	25%		32%		
P5.19 Dentist	16%	53%		31%		
P5.20 Other	90%			10%		

Additional Needed Itinerant or Contract Staff	None	0.1-0.4 FTE	0.5-0.9 FTE	1 FTE	2 FTE	3+ FTE
P5.1 Director / Clinical Manager	27%	27%		46%		
P5.2 Business Manager	33%	33%		34%		
P5.3 Billing / Collections Staff	33%	45%		11%		11%
P5.4 Computer Information Staff	13%	47%	26%	7%	7%	
P5.5 Clerical / Reception / Travel	33%	17%	17%	17%	16%	
P5.6 Medical Records Staff	20%	20%		60%		
P5.7 Maintenance / Janitorial Staff	40%	20%			40%	
P5.8 Community Health Aide / Practitioner	30%	20%		20%	10%	20%
P5.9 Community Health Representative	20%		20%	60%		
P5.10 Rural Human Services Worker	14%	29%	14%	29%	14%	
P5.11 WIC Staff	25%	38%		37%		
P5.12 Emergency Medical Technician			14%	57%		29%
P5.13 Nurse		11%	33%	34%	11%	11%
P5.14 State / Contract Public Health Nurse	54%	33%		13%		
P5.15 Nurse Practitioner	84%	3%		13%		
P5.16 Physician Assistant	88%	6%		6%		
P5.17 Physician	73%	8%	8%	8%		3%
P5.18 Dental Hygienist	74%	3%	6%	17%		
P5.19 Dentist	63%	16%		16%	3%	2%
P5.20 Other	93%	7%				

P6.0 Clinical Caseload Data

(Workload)

P6.1 Is caseload data available for your program?

No	13%
Yes	82%
N/A	5%

P6.2 How many patient encounters / visits were reported in your program in calendar year 1998?

None	7%
<=100	0%
100-499	4%
500-999	12%
1,000-1,999	13%
2,000-4,999	24%
5,000-9,999	5%
10,000+	1%
Don't Know	34%

P6.3 How many total dental encounters / visits were reported in your program in calendar year 1998?

None	13%
<=100	13%
100-499	22%
500-999	4%
1,000-1,999	2%
2,000-4,999	1%
Don't Know	45%

P 6.4 How many emergency medical patients were seen in your facility in calendar year 1998?

None	8%
<=100	14%
100-499	6%
500-999	1%
1,000-1,999	1%
Don't Know	70%

82% of respondents reported that clinical caseload data is available for their programs. 24% reported 2,000-4,999 patient encounters in calendar year 1998. 22% reported 100-499 dental encounters in calendar year 1998. 14% reported <=100 emergency medical patient seen in their facility in calendar year 1998. 42% of respondents reported that there is a significant seasonal or itinerant population in their community that requires health services. 30% of this seasonal or itinerant population are fishers and are considered a high-risk population. 26% of the seasonal or itinerant population experiences a language barrier at the clinic.

P6.5 Is there a significant seasonal or itinerant population in your community that requires health services?

No	58%
Yes	42%

If yes, if the population high risk?

Fishing	30%
Logging	8%
Tourism	21%
Other	13%

If yes, do many of these individuals experience a language barrier at your facility?

No	74%
Yes	26%

Appendix I

Alaska Rural Primary Care Facility Needs Assessment

**2000 Questionnaire
Program Section**



PROGRAM

Community _____ Unique ID # _____

Organization _____

P1.0 Services

The services listed in questions P1.1 – P1.41 and P4.1 – P4.7 may be considered components of comprehensive primary care. These services may be provided by a variety of health care providers, including Community Health Aides / Practitioners, Nurse Practitioners, Physician Assistants, Physicians, etc. Please indicate whether your program provides these services and functions. A "YES" answer implies that these services are provided on a regular basis by full or part time local staff. If you answered "NO" or "Itinerant Basis Only" please indicate why by checking one or more boxes to the right, and then indicate if any of the services should be provided on a regular basis to meet local program and/or community goals.

		Currently Provided?			If Not, Why? (check all that apply)							Should Be Provided?	
		Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
Basic Primary Care Services Related To													
P1.1	Family Health												
P1.2	Emergency Medical Treatment												
P1.3	Substance Abuse Diagnosis												
P1.4	Substance Abuse Treatment												
P1.5	Mental Health Diagnosis												
P1.6	Mental Health Treatment												

Comments:

Key:
Avail. = Available
Comm. = Community
Inadeq. = Inadequate
Itin. = Itinerant / Contract

Currently Provided?			If Not, Why? (check all that apply)							Should Be Provided?	
Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No

Preventive Health Services

P1.7	Prenatal and Perinatal Services											
P1.8	Breast and Cervical Cancer Screening											
P1.9	Well-Child Services											
P1.10	Immunizations											
P1.11	Supplemental Nutrition Program (WIC)											
P1.12	Family Planning Services											
P1.13	Preventive Dental Services											
P1.14	Dental Treatment Services											
P1.15	Patient Education											
P1.16	Other (list)											

Comments:

Key:
Avail. = Available
Comm. = Community
Inadeq. = Inadequate
Itin. = Itinerant / Contract
CLIA = Clinical Laboratory Improvement Act

Currently Provided?			If Not, Why? (check all that apply)							Should Be Provided?	
Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No

Laboratory, Radiological and Pharmacy Services

P1.17	CLIA Waived Tests											
P1.18	Specimen Collection for Shipment to Referral Lab											
P1.19	Provider Performed Microscopy											
P1.20	Moderate Complexity Lab											
P1.21	Ultrasound											
P1.22	X-Ray											
P1.23	Mammography											
P1.24	Pharmacy Services											

Comments:

Key:
Avail. = Available
Comm. = Community
Inadeq. = Inadequate
Itin. = Itinerant / Contract

Currently Provided?			If Not, Why? (check all that apply)							Should Be Provided?	
Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No

Patient Case Management Services

P1.25	Referral of Patients to Providers											
P1.26	Counseling and Follow-Up Services to Assist Patients to Become Eligible for Health Care Coverage											

Comments:

Key:
Avail. = Available
Comm. = Community
Inadeq. = Inadequate
Itin. = Itinerant / Contract

Currently Provided?			If Not, Why? (check all that apply)							Should Be Provided?	
Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No

Services That Help Individuals to Use Clinic

P1.27	Outreach										
P1.28	Home to Clinic Transportation										
P1.29	Language Interpretation										
P1.30	Sliding Fee Scale / Reduced Rates										
P1.31	Alternate / Extended Hours										

Comments:

Key:
Avail. = Available
Comm. = Community
Inadeq. = Inadequate
Itin. = Itinerant / Contract

Currently Provided?			If Not, Why? (check all that apply)							Should Be Provided?	
Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No

Community Health Services

P1.32	Education on Availability and Appropriate Use of Services										
P1.33	Off Site Services (e.g., school, senior center)										
P1.34	Home Health Visits										
P1.35	Personal Care Services										
P1.36	Community Health Education & Health Promotion										

Comments:

Key:
Avail. = Available
Comm. = Community
Inadeq. = Inadequate
Itin. = Itinerant / Contract

Currently Provided?			If Not, Why? (check all that apply)							Should Be Provided?	
Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No

Emergency Medical Services

P1.37	First Responder Services										
P1.38	Ambulance Services										
P1.39	Ability to Provide Advanced Cardiac Life Support in Clinic										
P1.40	Dedicated Area for Dealing with Emergency Patients										
P1.41	Radio Communications Between Clinic & Emergency Medical Personnel										

Comments:

P2.0 Transportation

P2.1 Do you arrange for transport to other communities for care?

- ☐ NO
- ☐ YES

P2.2 What is the primary mode of travel to the next level of care?

- ☐ Motor Vehicle
- ☐ Airplane
- ☐ Boat
- ☐ Other (*list*) _____

P2.3 For routine referrals, what is the average travel time to the next level of care (door-to-door)?

- ☐ Less than 1 hour
- ☐ 1 – 2 hours
- ☐ 2 – 6 hours
- ☐ more than 6 hours

P2.4 In emergencies, what is the average travel time to the next level of care (door-to-door)?

- ☐ Less than 1 hour
- ☐ 1 – 2 hours
- ☐ 2 – 6 hours
- ☐ more than 6 hours

P2.5 What were your total travel costs for patient and accompanying staff to the next level of care in calendar year 1998?

\$ _____

- ☐ Don't Know

Comments:

P3.0 Administration

P3.1 What term best defines the organization that provides administration of your program?

- ☐ Private, for profit
- ☐ Private, not for profit
- ☐ City/Borough
- ☐ PL 93-638 Contract / Compact
- ☐ Other (*explain*) _____
- ☐ N/A *If n/a go to question P3.3*

P3.2 Does the facility have a governing board / body?

- ☐ NO
- ☐ YES

P3.3 Check the box in each column that most accurately describes the budget situation for your health services delivery program. *Note: this question relates only to "program" budget, i.e., excludes facility ownership, repair, utility and maintenance costs, which are addressed separately in the Facilities section of the questionnaire.*

	Current Operating Budget	Current Deficits	Total Projected Operating Budget if all Needed Services Were Provided
Annual Amounts			
\$0			
\$1 - \$50,000			
\$50,001 - \$100,000			
\$100,001 - \$150,000			
\$150,001 - \$200,000			
\$200,001 - \$250,000			
\$250,001 - \$300,000			
\$300,001 - \$350,000			
\$350,001 - \$400,000			
\$400,001 - \$450,000			
\$450,001 - \$500,000			
Greater Than \$500,000			

P3.4 Check all the funding sources that apply, or would apply, to your health services program. Checking a box is the same as answering yes. Blank boxes will be interpreted as either a NO or Don't Know response. Note: this question relates only to "program" budget, i.e., excludes facility ownership, repair, utility and maintenance costs, which are addressed separately in the Facilities section of the questionnaire.

		Using Now	Would Use if all Needed Services Were Provided
Funding Sources			
P3.4.1	Medicaid		
P3.4.2	Denali KidCare		
P3.4.3	Medicare		
P3.4.4	Other Health Insurance		
P3.4.5	Federal Grants		
P3.4.6	State Grants		
P3.4.7	Other Grants		
P3.4.8	Private Pay		
P3.4.9	P.L. 93-638		
P3.4.10	Community Subsidy		
P3.4.11	Other (list)		

Comments:

P4.0 Support Services

The following is a list of support services. Please check all the boxes that apply.

		Done On-Site by Local Staff?	Done On-Site by Itinerant/Contract Staff?	Done Off Site?	Not Done
Support Services					
P4.1	Medical Records				
P4.2	Accounting / Budget				
P4.3	Billing / Collections				
P4.4	Computer Information Support				
P4.5	Facilities Management				
P4.6	Janitorial Services				
P4.7	Staff Development / In-Service				

Comments:

P5.0 Staffing

The following is a list of staff. For each type of staff, please indicate the number of funded positions you have, the number of positions filled and the number needed. Also indicate if you use Itinerant or Contract staff. Please report positions in terms of "Full-time equivalents (FTE's)".

Key:		Number of Funded Positions	Number of Filled Positions	Additional Number of Positions Needed	Itinerants or Contract Staff	
					Current	Additional Needed
Full-time employee	1.0 FTE					
4 days/week	.8					
3 days/week	.6					
Half-time	.5					
2 days/week	.4					
1 day/week	.2					
0 days/week	0					
Staffing Services						
P5.1	Director / Clinical Manager					
P5.2	Business Manager					
P5.3	Billing / Collections Staff					
P5.4	Computer Information Staff					
P5.5	Clerical / Reception/Travel					
P5.6	Medical Records Staff					
P5.7	Maintenance / Janitorial Staff					
P5.8	Community Health Aide / Practitioner					
P5.9	Community Health Representative					
P5.10	Rural Human Services Worker					
P5.11	WIC Staff					
P5.12	Emergency Medical Technician					
P5.13	Nurse					
P5.14	State/Contract Public Health Nurse					
P5.15	Nurse Practitioner					
P5.16	Physician Assistant					
P5.17	Physician					
P5.18	Dental Hygienist					
P5.19	Dentist					
P5.20	Other (list)					

Comments:

P6.0 Clinical Caseload (Workload) Data

P6.1 Is caseload data available for your program?

- ☐ NO *If no, go to question P6.5.*
☐ YES
☐ N/A *If n/a, answer question P6.5 and then skip to section 8.0.*

P6.2 How many total patient encounters / visits were reported in your program in calendar year 1998?

_____ *(write in number)*

☐ Don't Know

P6.3 How many total dental encounters / visits were reported in your program in calendar year 1998?

_____ *(write in number)*

☐ Don't Know

P6.4 How many emergency medical patients were seen in your facility in calendar year 1998?

_____ *(write in number)*

☐ Don't Know

P6.5 Is there a significant seasonal or itinerant population in your community that requires health services?

- ☐ NO *If no, go to subsection P7.0.*
☐ YES

If yes, is the population high risk? Check all that apply below.

- ☐ Fishing
☐ Logging
☐ Tourism
☐ Other *(list)* _____

If yes, do many of these individuals experience a language barrier at your facility?

- ☐ NO
☐ YES

Comments:

P7.0 Extended Patient Stays (*greater than 4 hours*)

P7.1 Does your primary care facility ever treat patients for extended stays including overnight?

- ☐ NO *If no, go to subsection P8.0.*
☐ YES

P7.2 If you answered "YES" to question P7.1, how often were patients treated for extended stays in calendar year 1998?

- ☐ 1-5 times
☐ 6-10 times
☐ 11-20 times
☐ More than 20 times

P7.3 Why did these patients require extended stays in your facility? Check all that apply.

- ☐ Lack of adequate transportation
☐ Could not transport patient(s) out of community due to weather
☐ Condition of patients(s) required extended observation or treatment, but not out of community
☐ Other circumstances (*please explain below*)
-

P7.4 Is your facility equipped to accommodate patients overnight?

- ☐ NO
☐ YES

Comments:

P8.0 Living Quarters

P8.1 Do you have living quarters available for Itinerant / Contract staff? Select one response that best describes the situation.

- ☐ NO
☐ YES – in clinic
☐ YES – in community

P8.2 Do you have living quarters available for permanent staff? Select one response that best describes the situation.

- ☐ NO
☐ YES – in clinic
☐ YES – in community

P8.3 If you answered "NO" to question P8.1 or P8.2, do you believe that dedicated living quarters for clinic staff are needed? Check all responses that apply.

- ☐ NO
- ☐ YES – in the clinic
- ☐ YES – in the community but not in the clinic
- ☐ YES – this affects our ability to provide certain health care services

Comments:

P9.0 Telehealth

P9.1 Does your main referral facility have an advanced medical communication system in place that takes advantage of new telemedicine technology?

- ☐ NO
- ☐ YES
- ☐ Under Development
- ☐ Don't Know

P9.2 If you currently have, or plan to have telemedicine equipment available in your facility, do you have adequate space for it?

- ☐ NO
- ☐ YES
- ☐ Don't Know

Comments:

Certification: *The above information is true and accurate to the best of my knowledge.*

Signature

Date

Printed Name

Position

The following additional individuals participated in the completion of this section of the questionnaire.

Printed Name & Position

Printed Name & Position

Printed Name & Position

Printed Name & Position